EXHIBIT B

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	48.39	
A T T T T T T T T T T T T T T T T T T T			YOUR CLAIM IS SCHEDULED AS	
Name of Debtor	Case Number		Schedule/Claim ID s32411	
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classification	
	1		\$200 10 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request' for payment		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of	The amounts reflected above constitute your claim as	
Name of Creditor and Address 113212400 ROBERT R RODRIGUEZ 2809 EASY ST	03110	statement giving particulars Check box if you have never received any notices from the bankruptcy court or	scheduled by the Debtor or pursuant to a filed claim lifyou agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below lif the amounts shown above are listed as Contingent,	
PLACERVILLE CA 95667 3906		BMC Group in this case Check box if this address	Unliquidated or Disputed, a proof of claim must be filed If you have already filed a proof of claim with the	
		differs from the address on the envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number ()		court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Check here repla- replain amer	a previously filed claim dated	
1 BASIS FOR CLAIM	Retiree t	benefits as defined in 11 U S	C § 1114(a) Unremitted principal	
☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes	l .	salaries, and compensation or	(fill out below)	
Money loaned		compensation for services pe	rformed from to	
			(date) (date)	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descrit		nt of the claim at the time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	and the second line at the second line	
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)	our claim is secured by collateral (including	
entitled to pnonty	ıı Gaiii is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	_	
Amount entitled to pnority \$			nd other charges at time case filed included in	
Specify the priority of the claim		secured claim, if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000) earned within 180 days			rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			agraph of 11 U S C § 507(a) ()	
Continuations to air employee bettern plan 11 0 0 0 g con(a)(0)			stment on 4/1/07 and every 3 years thereafter deed on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ \$	329,9	777, 39 \$	\$ 329,977 39	
AT TIME CASE FILED (unsecured)	(8	secured)	(рпогity) (Total)	
Check this box if claim includes interest or other charges in addition to the			· · · · · · · · · · · · · · · · · · ·	
6 CREDITS The amount of all payments on this claim has been cre- 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>		• •	5 ,	
running accounts contracts, court judgments, mortgages, security DOCUMENTS if the documents are not available explain. If the	agreemen	its and evidence of perfectio	n of lien DO NOT SEND ORIGINAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units)	n, prevaili corporatio	ng Pacific time, on Novemlons, joint ventures, trusts a	per 13, 2006 USE ONLY and	
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO up		
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue				
		do CA 90245	1 2007	
DATE SIGN and print the name and title if any of the	creditor or		FILED JAN 1 1 2007	
JAN 9, 2007 Husblaim (attachropy of power of attorn	ioy ii ariy))	USA CMC	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	t for up 40 5	years or both 18 USC §§ 15	2 AND 3571 1072502071	

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२०५७) इत्स्यायक वर्षा आसी क्षत्रम्थ्यकाम्यूर इस्स्यास	PRO	OOF OF CL	AIM		
Name of Debtor	Case Number			i 	
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you aware that anyone els	e has elating to		
Name of Creditor and Address		your claim Attach cop statement giving partic			
Sail + /Lene Roisentul Trustees		Check box if you i	have		
Rossynty I FAMILY TRUST		never received any no from the bankruptcy of BMC Group in this car	ourt or		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
74075 KOKOPELLI CIrcle PALM DESERT CA 92211-20	~ 3/-	Check box if this differs from the address	ss on the		eady filed a proof of claim with the
Creditor Telephone Number (1/20 776 -9/20	7/3	envelope sent to you t court.	by the		or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor:	Check here	replac	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Patires I	penefits as defined in	amen		Unremitted principal
Goods sold Personal injury/wrongful death		salaries and comper		• • • • • • • • • • • • • • • • • • • •	Other claims against services
Services performed Taxes	, ,	digits of your SS #			(not for loan balances)
Money loaned	Unpaid o	compensation for sen	vices pe	rformed from	to
	12 15 0	OUDT IUDOMENT	DATE	DTAINED	(date) (date)
2 DATE DEBT WAS INCURRED 2-16-2002 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, ibe your claim and state			he time case filed
See reverse side for important explanations		SECURED CL			
UNSECURED NONPRIORITY CLAIM \$ 7 AU 26 0 Check this box if a) there is no collateral or lien securing your claim or b)	vous alaim			our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a right of se			
entitled to priority UNSECURED PRIORITY CLAIM		Bnef descr	• -	-	
Check this box if you have an unsecured claim all or part of which is		Real Es	_		
entitled to priority Amount entitled to priority \$		Value of Co	arage ar	\$ <u>UNKI</u> nd other charges	at time case filed included in
Specify the priority of the claim		secured claim		41021	19
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000) earned within 180 days	L	Up to \$2,225 of deposervices for personal			or rental of property or 1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)] Taxes or penalties ov	wed to go	vernmental units	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applic			- · · · · · ·
		Amounts are subject with respect to cases			nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 420,268.16 \$	420,	168,16 \$			\$ 420,268.16
(unsecured)	(:	secured)		(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim	Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the	<i>iments,</i> su agreement	uch as promissory no s and evidence of pe	tes puro	chase orders inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				•	envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailin	ig Pacific time, on N	iovemb	er 13 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA	OR OVERNIGHT DELIT up CM Claims Docketin t Franklin Avenue		r F	ILED JAN 1 2 2007
El Segundo CA 90245 0911 Decentral Forcibal	El Segun	do CA 90245			
DATE SIGN and print the name and title if any of the this claim that sept 50 power of attorn	ney if any)	other person authorize	d to file	eisentul, T	r
1111/4001	<u> </u>	lene Koise	ntre	<u>e</u>	USA CMC
Penalty for presenting traudulent claim is a fine of up to \$800,000 or imensonme	nt for yp to	5 years or both 18 U :	S.C §§	152 AND 3571	1072502281

United States Bankruptcy Court District	of Nevada	PROOFOFCLAM
Name of Debtor USA Commercial Mortgage Company fka USA Capital	Case Number BK-S-06-10725	
NOTE This form should not be used to make a claim for an administrative expense as A request for payment of an administrative expense may be filed pursuant		2006 AUG 15 P 3 C
Name of Creditor (The person or other entity to whom the debtor owes money or property) Rodney L Roloff & Sharyn A Roloff, Trustees of the R&S Roloff Trust Dated 9/20/03	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	U.S. BANKRUPTCY COUR PATRICIA GRAY, CLERK
Name and address where notices should be sent Joshua D Brysk Law Offices of James G Schwartz 7901 Stoneridge Drive, Suite 401 Pleasanton, CA 94583 Telephone number (925) 463-1073	☐ Check box if you have never received any notices from the bankruptcy court in this case ☐ Check box if the address differs from the address on the envelope sent to you by the court	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces	ously filed claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U S Wages salaries and compensation (Last four digits of your SS# Unpaid compensation for services pe from	Fill out below) rformed
2 Date debt was incurred 4/29/05, 11/23/05 & 2/9/06	3 If court judgment, date obtaine	
Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured priority claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	setoff) Brief Description of Collateral A Real Estate	purchase lease or rental of property or nousehold use 11 U S C § 507(a)(7) rmmental units 11 U S C § 507(a)(8) raph of 11 U S C § 507(a)() on 4/1/07 and every 3 years thereafter with
5 Total Amount of Claim at Time Case Filed \$ (unsecured) Check this box if claim includes interest or other charges in addition additional charges		priority) (Total) ttach itemized statement of all interest or
6 Credits The amount of all payments on this claim has been purpose of making this proof of claim 7 Supporting Documents Attach copies of supporting documents notes purchase orders invoices itemized statements of runing judgments mortgages security agreements and evidence of SEND ORIGINAL DOCUMENTS If the documents are not a documents are voluminous, attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the stamped self-addressed envelope and copy of this proof of course of otherwise for the creditor or contracting the service of otherwise for the creditor or contracting the service of otherwise for the creditor or contracting the service of otherwise for the creditor or contracting the service of otherwise for the creditor or contracting the service of otherwise for the creditor or contracting the service of otherwise for the creditor or contracting the service of otherwise for the creditor or contracting the service of otherwise for the creditor of the creditor or contracting the service of otherwise for the creditor or contracting the creditor of the creditor of the creditor or contracting the creditor of the creditor or contracting the creditor of the creditor of the creditor or contracting the creditor of t	ments such as promissory ning accounts contracts court of perfection of lien DO NOT available explain If the e filing of your claim enclose a	This Space Is for Court Use Only
	Joshua D Brysk Esq	USA CMC

Cas	se 06-10725-awz Doc 8709	2 E r	stered 07/24/11-14:4	8:39 Pa	ne 5 of 12
		PRO	OOF OF CLAIM		9000.
Name of Debtor		Case Number		f	
	Nortgage Company	06-10	725-LBR		
This form should not be use ansing after the commencer	t of Debtors and Case Numbers d to make a claim for an administrative exp nent of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	•	ILY OWED MONEY BY A BORROWER
Name of Creditor and	i Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU	IS BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
	1132124203835	9	Check box if you have		S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
ROMONOS 4429 PEACI LAS VEGAS	EFUL MORNING LN		never received any notices from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
			Check box if this address differs from the address on the		EBTORS fready filed a proof of claim with the rt or BMC you do not need to file again
Creditor Telephone Number			envelope sent to you by the court	1	CE IS FOR COURT USE ONLY
	other number by which creditor identifies of	debtor	Chack hara		
4329	3653 4330 7	<i>דסק</i> ד	Check here replace or if this claim amen	a previous	y filed claim dated
1 BASIS FOR CLAIM			benefits as defined in 11 U S		Unremitted principal
Goods sold	Personal injury/wrongful death		salaries, and compensation (Other claims against service
Services performed	Taxes	_	r digits of your SS #	iiii out below)	(not for loan balances)
Money loaned	Other (describe briefly)		compensation for services per	rformed from	to
2 DATE DEBT WAS INCUR			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CL See reverse side for importan	AIM Check the appropriate box or boxes that	best descri	be your claim and state the amou	unt of the claim at	the time case filed
UNSECURED NONPRIORI	TY CLAIM \$ 25,000		SECURED CLAIM		
Check this box if a) there	is no collateral or lien securing your claim or b):	your claim	الحكار	our claim is secu	ired by collateral (including
exceeds the value of the partitled to priority	roperty securing it or if c) none or only part of yo	ur claim is	a right of setoff) Bnef description of	collatoral	
UNSECURED PRIORITY CI	AIM		Real Estate	_	e Dother
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral	s UNA	
Amount entitled to priority	\$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the cl	aim ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	secured claim if any \$		
Wages salanes or commi	ssions (up to \$10 000)* earned within 180 days toy petition or cessation of the debtor's		Up to \$2,225* of deposits towa services for personal family of	household use	11 U S C § 507(a)(7)
business whichever is earl	er - 11 U.S.C. § 507(a)(4)	님	Taxes or penalties owed to gov		
Contributions to an employ	ee benefit plan - 11 U S C § 507(a)(5)	ш	 Other - Specify applicable para * Amounts are subject to adjust 		÷ 171—-7
			with respect to cases commend		
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	um \$ / 75,000 \$_	125,6	v-0 \$		\$125,000
	(unsecured)	•	ecured)	(priority)	(Total)
Check this box it claim incl	udes interest or other charges in addition to the	e principal a	amount of the claim Attach iten	nized statement (of all interest or additional charges
7 SUPPORTING DOCUM	if all payments on this claim has been credi MENTS <u>Attach copies of supporting docur</u>	ments, su	ch as promissory notes, purc	hase orders, inv	oices, itemized statements of
DOCUMENTS If the doc	its, court judgments, mortgages, security a suments are not available, explain If the do	greements ocuments :	s, and evidence of perfection of are voluminous attach a sum	of lien DQ NQ imarv	T SEND ORIGINAL
	Y To receive an acknowledgment of the			~	envelope and copy of this
The original of this com	pleted proof of claim form must be sent	by mail o	r hand delivered (FAXES NO	ĎΤ	THIS SPACE FOR COURTS
ACCEPTED) so that it is for each person or entity	actually received on or before 5 00 pm, (including individuals, partnerships, co	prevailing moration	g Pacific time, on Novembe	r 13, 2006 d	USE ONLY 3 COU
governmental units) BY MAIL TO		-	OR OVERNIGHT DELIVERY TO	. -	THIS SPACE FOR COURTS
BMC Group Attn USACM Claims Doc		BMC Grou Attn USA(ip CM Claims Docketing Center		
P O Box 911 El Segundo CA 90245-09	•	1330 East	Franklin Avenue		
	SIGN and print the name and title if any of the		o, CA 90245 other person authorized to file		USA CMC 1(111) II 1 (1111)
1-11-07	this claim (attach copy of power of attorne	ey if any)	~ 0		
	Muny romo	U02	m -		
Penalty for presenting fraudulent	claim is a fine of up to \$500 000 or imprisonment	t for up to 5	years or both 18 USC §§ 18	52 AND 3571	

Under States Bankruptey Court	DISTRICT OF NEVADA	. 1
Name of Debtor USA COMMERCIAL MORTGAGE CO	Case Number - 06-10725	
NOTE This form should not be used to make a claim for an admini- of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRABLE B. RONNING	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	wenn same activer than
Name and address where notices should be sent ROFIET C. LEPOME 10130 S EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-1271	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor 5433	Check here replaces If this claim amends a previously filed claim dated	,
I Rasis for Claim GENERAL UN SECURE ☐ Goods sold CLAIM — CLASS L ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ NECLIGENCE + FRAUD		
2 Date debt was incurred: JAN 1-2005 to APRIL 12, 2006	3. If court judgment, date obtained:	
Unsecured Nonpriority Claim \$ //2 , 159 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	Brief Description of Collateral	ing
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	Real Estate Motor Vehicle Other	
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(P)	2 20,727(1)	William Market
☐ Wages, salaries, or commissions (up to \$10 000) * ≥armed within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft	iter
Contributions to an employee benefit plan - 11 U.S.C \$ 507(a 5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or a their charges in additional charges.	\$ 112.159 B 112.159	
 Credits The amount of all payments on this claim has been making this proof of claim. 	credited and deducted for the purpose of THEN SPACE IS HIM COURT USI ON	NTY
Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing addressed envelope and copy of this proof of claim. Sign and print the name and title if any of a file this claim (attach copy of power of a total accounts the copy of power of a total accounts.)	nots court judgments mortgages security D ORIGINAL DOCUMENTS If the minous attach a summary ling of your claim, enclose a stamped, self- the creditor or other person authorized to	2001

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S

USA CMC 1072501410

UNITED STATES BANKRUPTCY COURT	DD		10.39 Fa	ge_/_0 12
DISTRICT OF NEVADA	PRU	OOF OF CLAIM	į	
Name of Debter	0 1		4	
Name of Debtor	Case Nu	ımber		
USA) Commercial Mortgage Co.	80	12775 [180]	İ	
NOTE See Reverse for List of Debtors and Case Numbers	106	10725 (LBR)	1	
This form should not be used to make a claim for an administrative exp	ense	Check box if you are	1	
arising after the commencement of the case. A 'request for payment of		aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars	1	
Roth Zimmerman, an unmorried woman and Mashe Kirsh, an unmorried man, as scint tenants with the rights		<u> </u>		
and Miche trish on unmarried man		Check box if you have		
and respectively an entire the rights		never received any notices from the bankruptcy court or	DO NOT EILE TH	IIS PROOF OF CLAIM FOR A
as Joint remains with the rights		BMC Group in this case	3 .	REST IN A BORROWER THAT IS NOT
of Survivorship		Check box if this address	ONE OF THE DE	BTORS
15721 Milbank St		differs from the address on the	-	ready filed a proof of claim with the
Enc. no, CA 91436		envelope sent to you by the court		t or BMC you do not need to file again
Creditor Telephone Number (\$1\$) 189-8783		Court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replac	ces .	
רבור		if this claim amen		y filed claim dated
1 BASIS FOR CLAIM	D. t			
Goods sold Personal injury/wrongful death	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Wages s	salaries and compensation (fill out below)	Other claims against servicer
Services performed	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services per	rformed from	to
See Exhibit A				(date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and state the amou	unt of the claim at	the time case filed
See reverse side for important explanations				
UNSECURED NONPRIORITY CLAIM \$ 122 1155.97		SECURED CLAIM		and the self of th
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	hind .	our ciaim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo	ur claım ıs	a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e 🔲 Other
entitled to priority		Value of Collateral	\$ 1/2	twown
Amount entitled to priority \$				
		secured claim if any	other charges	at time case filed included in
Specify the priority of the claim		. Occurred claim in any	الدرورو	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa		
Wages salanes or commissions (up to \$10 000)* earned within 180 days		services for personal family o		V (1/1/1)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		÷ ''''
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para	- '	, , , , , , , , , , , , , , , , , , , ,
Continuations to an employee seriest plan. The Good georga, (c)		* Amounts are subject to adjust with respect to cases commen	tment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 177 155 97 \$	12.2		ced on or alter the	trate or adjustment
AT TIME CASE FILED	_122,		,	- + 1Ad, 133.4/
(únsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim Attach iter	nized statement c	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	ited and d	educted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents				
running accounts contracts court judgments mortgages security a	greements	and evidence of perfection	of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the do	ocuments	are voluminous attach a sun	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the	filing of y	our claim enclose a stamped	l self-addressed	l envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be sent				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm,				USE ONLY
for each person or entity (including individuals, partnerships, cogovernmental units)	orporatio	ns, joint ventures, trusts an	u	FILFD JAN 1 1 2007
BY MAIL TO		OR OVERNIGHT DELIVERY TO		THEN IAN I I 200
1	BMC Grou Attn. USA	յր CM Claims Docketing Center		FILTO 21.1
P O Box 911	1330 East	: Franklin Avenue		
		lo CA 90245		
DATE SIGN and print the name and title if any of the	e creditor or	other person authorized to file	1	
this claim (attach copy of power of attorn	ey ii any)	1/1.1.11	//	USA CMC
119101 That de		I WYU IF		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to t	years or both 18 USC §§ 1	52 AND 3571	1072502033

ORM B10 (Official Form 10) (10/05)	Diggs	cer o	c A	Jovada	THE OF OF AIM
UNITED STATES BANKRUPTCY COURT	DISTR	ici o	r_r	Nevada	PROOF OF CLAIM
Name of Debtor (15A COMMERCIAL MONTLAGE (0		-/6		25-LBR	1
NOTI- This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	· ·				
Name of Creditor (The person or other entity to whom the dibtor owes money or property) ANTHUR I & LYNA S SCHMIZER TICLSTEES OF THE SCHMIZER LIMING TICLST DATED 10124/91 Name and address where notices should be sent ARTHUR TOTAL TOTAL	else ha	as filed laum partic	a pr Attac ulars	are aware that anyone roof of claim relating to ch copy of statement is a have never received any bankruptcy court in this	
ANTHORA NE 38 % CT, #1604 ANTHORA, FL 33180 Telephone number 305-932 8035	Check	ss on t	f the he er	address differs from the nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	1	k here		replaces amends a previously file	ed claim dated
identifies debtor 0983	II Unis	claım		ree benefits as defined in	
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Goods sold Services performed Anney loaned Personal injury/wrongful death			Wagi Last Unpi	es salaries and compens four digits of your SS # aid compensation for ser	ation (fill out below) vices performed
2 Date debt was incurred JCAC, 2004 4. Classification of Claim Check the appropriate box or boxes	3.			judgment, date obtaine	
Unsecured Nonpriority Claim \$1,774,903,40 Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it, or if conly part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$	which is or thin 180 ebtor s *A 7(a)(5)	Up to or see § 500 Taxe Other with	She was a second of the second	rief Description of Collate Real Estate Moto Palue of Collateral Substitution of Collateral Substituti	r Vehicle Other— Note 1 C September 1 C September 2 32, 32 Durchase lease or rental of propert household use - 11 U S C mental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafted on or after the date of adjustment (priority) (Total)
Check this box if claim includes interest or other charges in interest or additional charges 6 Credits The amount of all payments on this claim has b			_		This Space is for Court Use Only
making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts of agreements and evidence of perfection of lien DO NOT state. 8. Date-Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim. Date Sign and print the name and trile, if any, file this claim (attach copy of power of	entracts countracts countracts countracts countracts countracts countracts of the credit attorney if a	h as protection attach cour class	men DO a su aim,	ssory notes, purchase ts mortgages, security CUMENTS If the mmary enclose a stamped self-r person authorized to	TED JAN 12 2007
Penalty for presenting fraudulent claim. Fine of up to \$500 00	7/			up to 5 years or both 18	USA CMC

UNITED STATES BANKRUPTCY COURT OF NEVADA	PRO	OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS		
Name of Debtor	Case Number		Schedule/Claim ID s32544		
USA Commercial Mortgage Company	06-103	725-LBR	Amount/Classification		
SSA COMMISSION MORE AGENCY	00 10	LO LOIT	\$12 951 80 Unsecured		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	ense	Check box if you are			
arising after the commencement of the case. A request for payment	of an	aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address SIERRA WEST INC	02173	to your claim Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.		
PO BOX 8346 INCLINE VILLAGE NV 89452 8346		never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filled		
		differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again		
Creditor Telephone Number () 775 831.8346		court	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies	debtor	Check here replace or if this claim amen	a previously filed claim dated		
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal		
Goods sold Personal injury/wrongful death		salaries and compensation ((fill out below)		
Services performed Taxes	Last fou	r digits of your SS#	(not for loan balances)		
Money loaned Other (describe briefly) INTERES / FRAID	Unpaid o	compensation for services pe	rformed fromto(date)		
2 DATE DEBT WAS INCURRED	_	OURT JUDGMENT, DATE C			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amour	nt of the claim at the time case filed		
UNSECURED NONPRIORITY CLAIM \$ 31 263		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim r claim is	a right of setoff) Brief description of	our claim is secured by collateral (including		
UNSECURED PRIORITY CLAIM		Real Estate	_		
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$		Amount of arrearage ar	nd other charges at time case filed included in \$374,320,35		
Specify the priority of the claim	_	_			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days	<u> </u>	services for personal family of	rd purchase lease or rental of property or r household use 11 U.S.C. § 507(a)(7)		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>		vernmental units 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u> </u>	Amounts are subject to adjus	agraph of 11 U S C § 507(a) () etment on 4/1/07 and every 3 years thereafter deed on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 31263 \$	394	320.32 \$	\$ 425,583.32		
AT TIME CASE FILED (unsecured) Check this hav if claim includes interest at other charges in addition to the	•	secured)	(pnority) (Total)		
Check this box if claim includes interest or other charges in addition to the					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary.					
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•		
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and					
P O Box 911	BMC Gro Attn USA 1330 Eas	ACM Claims Docketing Cente it Franklin Avenue	ELED MON U. B. SHAR		
El Segundo CA 90245 0911 DATE , SIGN and print the name and title if any of the		other person authorized to file	LIGA CMC		
this claim (attach copy of power of attorner) SIERRA WEST INC BY	ey if any)	Land person authorized to life	USA CMC		
	, your	- Juliani			

UNITED STATES	BANKRUPTCY COURT	DISTRICT (OF Nevada	PROOF OF CLAIM
Name of Dubtor	Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR			T NOOF OF CLARK
	hould not be used to make a claim for an administrative expense ma			ent
debtor owes money Alan S Simon	The person or other entity to whom the or property) infon & Carol Simon Trustees of the Family Trust 2000 where notices should be sent carol Simon ttees	else has filed your claim giving particl Check box if notices from	you are aware that anyon I a proof of claim relating Attach copy of statement ulars you have never received the bankruptcy court in	to : any
1800 Waldman Las Vegas NV Teli phone number	Ave 89102-2437		the address differs from the envelope sent to you by	
	account or other number by which creditor	Check here of this claim	replaces amends a previous	ly filed claim dated
✓ Money Persona	sold s performed	i v		r services performed
2 Date debt w		3. If cou	rt judgment, date obts	ined
See reverse side Unsecured Nonp Check this bo b) your claim exces only part of your c Unsecured Priorit Check this bo entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing of business whichever Contributions	priority \$ the claim ort obligations under 11 U S C § 507(a)(1)(A) or s, or commissions (up to \$10 000),* carned within f the bankruptcy petition or cessation of the debt r is earlier - 11 U S C § 507(a)(4) to an employee benefit plan - 11 U S C § 507(a)	Securine or a right a	Check this box if your class of setoff) Brief Description of Col Real Estate Movel Malue of Collateral Sount of arrearage and other edician if any \$ 1.4 2,225* of deposits toward ces for personal family (2)(7) In penalties owed to gove the Specify applicable paragere subject to adjustment of the content of the conten	liateral lotor Vehicle Other— unknown r charges at time case filed included in 33 34 rd purchase, lease or rental of property or household use - 11 U S C rnmental units 11 U S C § 507(a)(8) graph of 11 U S C § 507(a)() on 4/1/07 and every 3 years thereafter don or after the date of adjustment
	nt of Claim at Time Case Filed if claim includes interest or other charges in add	\$ 101,4 (unsecu) ton to the princi	red) (secured)	(priority) (Total) Attach itemized statement of all
6 Credits The making this process invoices agreements and documents are in 8 Date-Stamped	tional charges e amount of all payments on this claim has been	redited and dedu ts such as promes court judgmer ORIGINAL DO nous, attach a su ag of your claim, creditor or othe	issory notes, purchase its, mortgages, security OCUMENTS If the immary enclose a stamped self-r person authorized to	THIS SEACL IS HOR COURT USE ONLY RESULTAN 10 200 FLED JAN 10 200
Penalty for present	ting fraudulent claim Fine of up to \$500 000 or	nprisonment for	up to 5 years or both 18	USA CMC 1072501909

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	PROOF OF GLAIN		
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Mary Ann Harouff and Dwight W Harouff, trustees of the Skip and Mary Harouff Trust dated 12/5/95 Name and address where notices should be sent Dwight W & Mary Ann Harouff 5680 Ruffian Road Las Vegas, NV 89149	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the			
Telephone number (702) 873-6688	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed amends a previously filed	claim dated		
I Basis for Clarm Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed		
2. Date debt was incurred September, 2005	3. If court judgment, date obtained			
A Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Unserured Nonpriority Claim § 313,278 39 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)				
5 Total Amount of Claim at Time Case Filed	\$ 313278 39 313,278 39 (unsecured) (secured) (pri	313,278 39 (Total)		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
 Credits The amount of all payments on this claim has been making this proof of claim 	credited and deducted for the purpose of T _F	HIS SPACE IS FOR COURT USE ONLY		
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)				
	ary Ann Haronff Imprisonment for up to 5 years or both 18 U.	USA CMC 1072501966		

Case 06-10725-gwz Doc 8709-2 Entered 07/24/11 14:48:39 Page 12 of 12 FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	DISTRICT OF
Name of Debior USA COMMERCIAL MORTGAGE CO	Case Number
NOTE This form should not be used to make a claim for an administrative expense ma	strative expense arising after the commencement by be filed pursuant to 11 USC \$ 503
Name of Creditor (The person or other entity to whom the debtor owes money or property) SPECTRUM CAPITAL, LLC	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☐ Check box if you have never received any
Name and address where notices should be sent ROBERT C. LEPOME 10120 S. EASTERN #200 HENDERSON, NV 89052 Telephone number 702 492-1271	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	the court Check here replaces If this claim amends a previously filed claim dated
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other I Basis for Claim UNREMITED PRINCIPAS Other	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below)
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 40.131-24 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	Brief Description of Collateral Real Estate Motor Vehicle Other— Value of Collateral \$
interest or additional charges	(unsecured) (secured) (priority) (Total) dition to the principal amount of the claim. Attach itemized statement of all
6. Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu. 8. Date-Stamped Copy To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of this claim (attach copy of never of attach copy of proper of proper of proper of proper of attach copy of proper of pr	the creditor or other person authorized to
Penulty for presenting froudulent claum. Fine of up to \$500,000 or	ROBERT C- LERME USA CMC